

FULL FACILITY PROFILE

IHC PEDIATRIC HOME CARE  
2250 SOUTH 1300 WEST, SUITE D  
SALT LAKE CITY UT 84119  
STATE'S REGION CODE: 001

PROVIDER #: 467118  
PHONE NUMBER: (801) 977-9900  
PARTICIPATION DATE: 10/01/1998

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OFFICIAL HEALTH AGENCY  
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION  
CERTIFIED HOSPICE PROVIDER NO: NONE  
NUMBER OF SUBUNITS: NONE  
PARENT AGENCY PROVIDER NO: NONE  
NUMBER OF BRANCHES: 2

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	48.16
LICENSED PRACTICAL NURSE	27.95
PHYSICAL THERAPY	3.19
OCCUPATIONAL THERAPY	2.35
SPEECH THERAPY	1.04
MEDICAL SOCIAL WORKER	.95
HOME HEALTH AIDE	4.45
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	20.26

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM  
NUMBER RECORDS REVIEWED WITH HOME VISITS: 5  
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10  
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:  
TOTAL RECORDS REVIEWED: 15  
TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 11/01/2000  
DATE PROVIDER SIGNED POC: 11/14/2000  
REVISIT DATES:

PROGRAM REQUIREMENTS

LEVEL OF TAG	REQUIREMENT	PLAN/DATE	STATUS OF	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
REQT	#	OF CORRECTION	DEFICIENCY	STATE		REGION		NATION	
				#	%	#	%	#	%

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 11/01/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC: 11/14/2000

REVISIT DATES:

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%
STD	G0229	SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN	12/30/2000	PLAN OF CORRECTION	7	16.6	39	11.3	696	9.9
STD	G0230	SUPERVISORY VISITS IF NO SKILLED CARE NO LESS TH	12/30/2000	PLAN OF CORRECTION	7	16.6	9	2.6	77	1.1

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF STATE	DEFICIENCIES REGION	PER FACILITY NATION
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CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	2	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	2	1.07	1.72	03.42

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

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